

Revision: HCFA-AT-81-34 (BPP)

10-81

State IOWAtation4.21 Prohibition Against Reassignment of
Provider Claims

42 CFR 447.10(c)

AT-78-90

46 FR 42699

Payment for Medicaid services
furnished by any provider under this
plan is made only in accordance with
the requirements of 42 CFR 447.10.

TN # _____

Supersedes

TN # _____

Approval Date _____

Effective Date _____